Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN5531PCA	A. BUILDING _____ B. WING _____	12/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE HEALTHCARE SERVICES, INC	63 KEYSTONE AVE STE 304 RENO, NV 89503

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted in your agency on 12/15/10. The state licensure survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies. The patient census was 0. Two employee files were reviewed. Zero client records were reviewed. Zero client contacts were made. Zero home visits were conducted. The following regulatory deficiencies were found:.	P 000		
P 020	Section 12 Criminal Background Sec. 12. 1. In addition to the requirements set forth in NAC 449.011, each applicant for a license to operate an agency shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report. 2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the agency, if any, and the Health Division of whether the applicant has been convicted of such a crime.	P 020		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 020	Continued From page 1 This STANDARD is not met as evidenced by: Based on interview and record review the agency failed to perform criminal background checks for 1 of 2 employees (Employee #1). 1. Employee #1's personnel file contained evidence of fingerprinting and state and FBI background checks in April 2004. Interview revealed staff was not aware background checks had to repeated every five years. Scope: 2 Severity: 2	P 020		
P 230	Section 16.1(a-i) Personnel File Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant; (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of	P 230		

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P 230	Continued From page 2 age; (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and (i) Documentation of all training attended by and performance evaluations of the attendant. This STANDARD is not met as evidenced by: Based on interview and employee file review the agency did not have documentation of the required Tuberculin (TB) skin testing for 2 of the 2 employees reviewed (Employee #1 and #2). 1. Employees #1 stated he received BCG in the past so he had a chest X-ray to rule out active pulmonary disease on 12/18/06. Employee #1's personnel file however, lacked evidence of a positive TB test and annual signs and symptoms reviews. 2. Employee #2's last TB skin test was on 5/21/09; her personnel file did not contain evidence of a current TB skin test. Scope: 3 Severity: 2	P 230		
P 240	16.1(2) Training Documentation 2. The documentation described in paragraph (i) of subsection 1 must include, without limitation, for each training course attended by the attendant: (a) A description of the content of the training course; (b) The date on which the training course was	P 240		

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P 240	Continued From page 3 attended; (c) The number of hours of the training course; (d) The name and signature of the instructor of the training course; and (e) A certificate indicating that the training course was successfully completed by the attendant. This STANDARD is not met as evidenced by: Based on employee file review, the agency failed to provide the required documentation on the attendant's training certificates for 1 of 2 employees. (Employee #2) 1. Employee #2 completed an eleven hour module training course on 3/6/09. The certificate given did not state how many hours it took to complete the course. Scope: 2 Severity: 1	P 240		